

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

| | | |
|---|---|--|
| 1. (a) Name of Individual, Organization or Corporation SUSAN B ANTHONY LIST INC | | 3. FEC Identification Number C C90011313 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1707 L Street NW Ste 550 | | |
| (c) City, State and ZIP Code Washington DC 20036 | | |
| 2. Corporate filers only | Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Individual filers only | Name of Employer | Occupation |

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
- ☒ 24-Hour Report
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

| | | | | |
|---------|---|-----|---|-----------------|
| M M | / | D D | / | Y Y Y Y Y Y Y Y |
| THROUGH | | | | |
| M M | / | D D | / | Y Y Y Y Y Y Y Y |

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES

10301.18

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Frank Cannon

Frank Cannon

03/10/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 4
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INC

| | | | |
|---|-------------|---|---|
| Full Name (Last, First, Middle Initial) of Payee Delta Air | | Date MM / DD / YYYY 03 / 09 / 2012 | |
| Mailing Address 1030 Delta Blvd | | Amount 25.00 | |
| City Atlanta | State GA | Zip Code 30320 | |
| Purpose of Expenditure Baggage Check | | Category/ Type 002 | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: 00 |
| Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| Full Name (Last, First, Middle Initial) of Payee Delta Air | | Date MM / DD / YYYY 03 / 09 / 2012 | |
| Mailing Address 1030 Delta Blvd | | Amount 885.20 | |
| City Atlanta | State GA | Zip Code 30320 | |
| Purpose of Expenditure Airfare | | Category/ Type 002 | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: 00 |
| Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| Full Name (Last, First, Middle Initial) of Payee Einstein Bagels | | Date MM / DD / YYYY 03 / 09 / 2012 | |
| Mailing Address 2605 S Clark St | | Amount 16.47 | |
| City Arlington | State VA | Zip Code 22202 | |
| Purpose of Expenditure Meals | | Category/ Type 002 | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: 00 |
| Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 926.67 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | |
| (c) TOTAL Independent Expenditures (carry total from last page forward to Line 7) | | | |

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 4
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) of Payee Fastsigns Dearborn | | Date MM / DD / YYYY 03 / 09 / 2012 |
| Mailing Address 1312 N Telegraph Rd | | Amount 600.00 Transaction ID : F57.4640 |
| City Dearborn | State MI | |
| Zip Code 48128 | Purpose of Expenditure Bus Magnet | Category/ Type 004 |
| Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ |
| Full Name (Last, First, Middle Initial) of Payee Fedex Office | | Date MM / DD / YYYY 03 / 09 / 2012 |
| Mailing Address 626 Michigan Ave | | Amount 551.66 Transaction ID : F57.4635 |
| City East Lansing | State MI | |
| Zip Code 48823-4289 | Purpose of Expenditure Promotional Flyers | Category/ Type 004 |
| Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ |
| Full Name (Last, First, Middle Initial) of Payee Holiday Inn | | Date MM / DD / YYYY 03 / 09 / 2012 |
| Mailing Address 96 Folmar Pkwy | | Amount 203.25 Transaction ID : F57.4631 |
| City Montgomery | State AL | |
| Zip Code 36105 | Purpose of Expenditure Hotel | Category/ Type 002 |
| Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ |

| | |
|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 1354.91 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | |
| (c) TOTAL Independent Expenditures (carry total from last page forward to Line 7) | |

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 4 OF 4
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
SUSAN B ANTHONY LIST INC

| | | | |
|---|-----------------------|---|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee John L Productions | | Date MM / DD / YYYY 03 / 09 / 2012 | |
| Mailing Address 143 Laurelwood Dr | | Amount 5100.00 | |
| City Pike Road | State AL | Zip Code 36064 | Transaction ID : F57.4638 |
| Purpose of Expenditure Bus Rental | Category/ Type 002 | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President | |
| Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|---|-----------------------|---|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee Orbitz | | Date MM / DD / YYYY 03 / 09 / 2012 | |
| Mailing Address 500 W Madison St Ste 1000 | | Amount 419.60 | |
| City Chicago | State IL | Zip Code 60661 | Transaction ID : F57.4637 |
| Purpose of Expenditure Airfare | Category/ Type 002 | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President | |
| Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|---|-----------------------|---|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee Mark Roepke | | Date MM / DD / YYYY 03 / 09 / 2012 | |
| Mailing Address 5550 Columbia Pike #742 | | Amount 2500.00 | |
| City Arlington | State VA | Zip Code 22204 | Transaction ID : F57.4639 |
| Purpose of Expenditure Travel Expenses | Category/ Type 002 | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President | |
| Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J. SANTORUM | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |

| | |
|---|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 8019.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | |
| (c) TOTAL Independent Expenditures (carry total from last page forward to Line 7) | 10301.18 |